11-0100 – Trauma Care System Definitions

1. **Age and Co Morbid Factors:** Certain other high risk factors that might lower the threshold at which patients should be treated in trauma centers and must be considered in field triage.
2. **Bypassing:** Patients should be taken directly to the center most appropriately equipped and staffed to handle their injuries. Ambulances should bypass facilities not identified by Nor-Cal EMS as appropriate destinations per the Patient Destination policy, even if they are closest to the incident.
3. **Critical Trauma Patient:** A trauma patient who meets either of the following Trauma Triage Categories: Physiologic Status or Anatomic Factors.
4. **Failure to Activate:** An Emergency Department ONLY patient; no special team response was organized.
5. **Inclusion Criteria:** Minimum trauma patient data standards for reporting on trauma patients to local trauma registries. This includes ICD 9 800-959.9 codes and physically evaluated by trauma or burn surgeon in the emergency department or resuscitation area or trauma death in the emergency department or transfer for trauma services, (may include inter-facility and intra-facility).
6. **Immediately Available:**
   a. Unencumbered by conflicting duties or responsibilities;
   b. Responding without delay when notified and
   c. Being physically available to the specified area of the trauma center when the patient is delivered in accordance with Nor-Cal policies.
7. **Medically prudent:** A medical decision that is careful and sensible; marked by sound judgment.
8. **Morbid Obesity:** 50 to 100%, or 100 lbs. above patient's ideal body weight.
9. **On-Call:** "On-Call" means agreeing to be available to respond to the trauma center in order to provide a defined service.
10. **Overtriage:** is a triage decision that incorrectly classifies a patient as needing trauma center care, although retrospective analysis suggests that such care was NOT NEEDED due to the patient only having minor injuries. In the Nor-Cal EMS region this is measured by taking patients who either died, were admitted to the hospital for more than 48 hours, or were admitted to ICU or Operating Room; any patients **not** meeting these criteria become the numerator. The acceptable rate using this definition should be between 25 and 50% per the American College of Surgeons, Committee on Trauma.
11. **Promptly Available:** Shall respond without delay from notification and be physically available to the specified area of the trauma center within thirty (30) minutes maximum.
12. **Qualified Specialist:**
    a. "Surgical" or "Non-Surgical" means a physician licensed in California who is board certified in a specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic specialties, a Canadian board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties for that specialty.
    b. Non-board certified physician may be recognized as a "qualified specialist" by the local EMS agency upon substantiation of need by a trauma center if all of the following criteria is met:
       - the physician has successfully completed a residency program; **and,**
       - the hospital is able to document that s/he has met requirements which are equivalent to those of the Accreditation Council for Graduate Medical education (ACGME) or the Royal College of Physicians and Surgeons of Canada; **and,**

- the physician can clearly demonstrate to the appropriate hospital body that s/he has substantial education, training, and experience in treating and managing trauma patients, which shall be tracked by the trauma quality improvement program; two (2) of the following four (4) criterion shall be met:

  (1) Special expertise in trauma (trauma fellowship or combat experience).

  (2) Active teacher in areas of trauma.

  (3) Current participation in management of at least five trauma patients per year.

  (4) Membership in trauma organization.

13. **Receiving Hospital:** A licensed general acute care hospital with a special permit or basic or comprehensive emergency service, which has not been designated as a trauma center.
14. **Trauma Alert:** A notification from the prehospital setting that a patient meets one or more of the Nor-Cal EMS Trauma Triage Criteria or has a high level of suspicion of injury. In addition, a trauma alert may identify the trauma patient who was transported to a Receiving Facility/Trauma Center where the patient's injuries exceed the capability of that facility and become the sending facility in order to transfer that trauma patient to a higher level Trauma Center as necessary.
15. **Trauma Center:** A licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV trauma center by Nor-Cal EMS.
16. **Trauma Team:** A multidisciplinary team responsible for the initial resuscitation and management of the trauma patient. The trauma team consists of physicians, nurses and allied health that are specially trained in the care of the trauma patient. The composition of the trauma team may vary in relationship to the level of trauma center designation and the severity of injury of the patient.
17. **Tier I Activation Level:**
    a. Trauma Team – A full activation; activation of entire Trauma Team;
    b. Trauma Team – A partial activation; Specific Sub Team response with intervention by an isolated specialty response, i.e. neurosurgical response for isolated penetrating head injury, as directed by the trauma surgeon.
18. **Tier II Activation Level:**
    a. Trauma Consult - Trauma Surgeon consult with a Resuscitation Team response.
    b. Emergency Department Response/Trauma Resuscitation Team – Resuscitation Team response with stabilization and transfer out to higher level of care or appropriate disposition.
19. **Trauma Resuscitation Area:** A designated area within the trauma center where trauma patients are evaluated upon arrival.
20. **Trauma Triage Criteria:** A method of sorting the severity of patients' injuries; used for trauma patient prehospital evaluation and destination decision making.
21. **Undertriage:** A triage decision that classifies patients as not needing trauma center care when, in fact, it IS NEEDED. In addition, it identifies the Retrospective Major Trauma patient, which was transported to a non-trauma center. In the Nor-Cal EMS Region, undertriage is determined by how many major trauma patients were transported incorrectly to a non-trauma center using an ISS of 16 or greater. Acceptable Rate = 5% or less.